

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lang et al.

Application No.: 10/809,578

Group No.: 2624

Filed: March 25, 2004

Examiner: Lu, Tom Y.

For: Methods for the Compensation of Imaging Technique in the Processing of Radiographic Images

Mail Stop Issue Fee

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. § 1.311)  
AND PAYMENT OF PUBLICATION FEE ((37 C.F.R. § 1.211(e))

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Applicant
  - A. Asserted small entity status in this application on March 25, 2004 by payment of the basic filing fee as a small entity. (37 C.F.R. § 1.27(c)(3))

It is confirmed that small entity status for this application has been checked and it is still in effect and is being asserted.
  - B. Applicant hereby asserts small entity status for this application.
3. Fee (Issue):

Application status is small business entity with a utility fee of \$755.00.
4. Fees (Publication)

This is an application for a utility patent and:

The publication fee of \$ 300.00 (§ 1.18(d)) is being paid herewith.
5. Advance Order of Copies

Number of copies ordered 1 x \$3.00 per copy (37 C.F.R. § 1.19(a)(1)) \$3.00

6. Total Fees Due

The total amount of fees due is:

issue fee	\$755.00
publication fee	\$300.00
additional copies	\$3.00

**TOTAL FEE(S) DUE                      \$1,058.00**

7. Assignee's Name and Address To Be Printed On Patent is as follows (37 C.F.R. § 3.81):

Name of Assignee:                      Imaging Therapeutics, Inc.  
Address:                                      400 Seaport Ct., Suite 250

Residence (City and State or Country):      Redwood City, CA

Assignee category or categories (not printed on patent):      Corporation or other private group entity

8. Payment of total fee due:

Authorization is hereby made to charge the amount of \$1,058.00 to Deposit Account No. 19-4972.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

Date: December 28, 2009

/Kathryn E. Noll, #48,811/  
Kathryn E. Noll  
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03155/00124 1153997.1

# **PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (571)-273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

75059 7590 12/18/2009  
**Sunstein Kann Murphy & Timbers LLP**  
**125 SUMMER STREET**  
**BOSTON, MA 02110-1618**

## **Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/809,578	03/25/2004	Philipp Lang	3155/124	7278

**TITLE OF INVENTION:** METHODS FOR THE COMPENSATION OF IMAGING TECHNIQUE IN THE PROCESSING OF RADIOGRAPHIC IMAGES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	03/18/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
LU, TOM Y	2624	382-132000

<b>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</b> <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b>	<b>2. For printing on the patent front page, list</b> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>SUNSTEIN KANN MURPHY</u> 2 <u>&amp; TIMBERS LLP</u> 3 _____
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**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Imaging Therapeutics, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY) Redwood City, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

<b>4a. The following fee(s) are submitted:</b> <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies <u>1</u>	<b>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</b> <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>19-4972</u> (enclose an extra copy of this form).
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**5. Change in Entity Status (from status indicated above)**

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature /Kathryn E. Noll, #48,811/ Date December 28, 2009

Typed or printed name Kathryn E. Noll Registration No. 48,811

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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